

**VIRGINIA DEPARTMENT OF HISTORIC RESOURCES
PROJECT REVIEW FORM**

This application may be completed for all projects that will be federally funded, licensed, or assisted. **Allow 30 days from receipt for the review of a project. All information on the form must be completed before review of a project can begin.**

DHR Use Only

Date

Received: _____

GENERAL INFORMATION

1. **Project Name:** _____
2. **Project Location (City or County):** _____
3. **Federal Agency (providing funding, assistance, license, or permit):** _____

4. **Agency Contact Person, Address, and Phone:** _____

5. **Other Federal Agencies involved (include names and addresses of contacts):** _____

6. **Name and Firm of Applicant:** _____

7. **Address and Phone Number of Applicant:** _____

DESCRIPTION AND LOCATION

A photocopy of a 7.5 minute USGS topographic quadrangle, or a clearly labeled portion thereof, showing the exact boundaries of the project area must be attached to the application. The map should not be reduced or enlarged.

8. **USGS Quadrangle Name:** _____
9. **Number of acres included in the project:** _____
10. **Has this project been previously reviewed by the DHR?**
Yes: _____ No: _____ Do Not Know: _____ (If yes, give the DHR file no., if known
_____)
11. **Have any architectural or archaeological surveys of the area been conducted?**

Yes: _____ No: _____ Do Not Know: _____

(If yes, list author, title, date of the report _____)

12. Project Description

A. Explain any ground disturbance that might occur (e.g. excavating for sewer or utility installations, digging footings, grading roads, or developing erosion controls). Describe existing land use within the project area (e.g. plowed, residential, forest, etc.). Mention any previous modifications (e.g. grading, plowing, filling). _____

B. Are any structures more than 50 years old within or adjacent to the project area?

Yes: _____ No: _____ Do Not Know: _____

(A photograph of each structure over 50 years of age keyed to the USGS quad within or adjacent to the project area must be submitted.)

C. Does the project involve the rehabilitation, alteration, removal, or demolition of any structure, building, designed site (e.g. park, cemetery), or district that is 50 years or older?

Yes: _____ No: _____ Do Not Know: _____

(If yes, describe extent of alterations to property. Attach additional page(s) if necessary.)

To the best of my knowledge, I have accurately described the proposed project and its likely impacts.

Signature of Applicant/Agent

Date

When completed, send this form and all required attachments to the address below. If you have any questions, please contact the Division of Resource Services and Review at (804) 367-2323, ext.106.

Department of Historic Resources
Division of Resource Services and Review
2801 Kensington Avenue
Richmond, VA 23221

This space for DHR response only:

Comments _____

Signature _____ Date _____

Phone Number _____ DHR File No. _____